

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90516 038 ***158.75

0443220 AV

DOCUMENT # P02000105558

1. Entity Name
INSURANCE ASSOCIATES OF FLORIDA INC.



Principal Place of Business
**209 N. LEWIS ST.
SALINE MI 48176**

Mailing Address
**P.O. BOX 7333
WESLEY CHAPEL FL 33544**



2. Principal Place of Business **DOWN'S**
19651 BRUCE B. DOWN'S

3. Mailing Address
19651 BRUCE B DOWN'S

Suite, Apt. #, etc.

E6-10

Suite, Apt. #, etc.

E6-10

City & State

TAMPA FL

City & State

TAMPA, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. FEI Number

510429477

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent:

**LEDYARD, MERLIN
9515 SUNSHINE BLVD.
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent:

Name **Pamela Hardy**
Street Address (P.O. Box Number is Not Acceptable)
19423 Via Del Mar #103
City **TAMPA** FL Zip Code **33647**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Pamela Hardy**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRYAN, DAVID F**
STREET ADDRESS **3819 WEST HORATIO STREET, #5**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **STD** ☒ Delete
NAME **METTER, NICOLE K**
STREET ADDRESS **209 N. LEWIS ST.**
CITY-ST-ZIP **SALINE MI 48176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **DAVID F BRYAN**
STREET ADDRESS **PO BOX 7333**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **PAMELA K HARDY**
STREET ADDRESS **19423 Via Del Mar #103**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Pamela Hardy** **3/27/03 (813) 973-4102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)